DOCUMENT RESUME

ED 167 267 PS 010 420

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TITLE Teaching About Death--A Discipline: The Ultimate Curriculum.
INSTITUTION American Nepal Education Foundation, Oceanside, Oreg.
PUB DATE Nov 78
NOTE 20p.
AVAILABLE FROM Curriculum Bulletin, Oceanside, Oregon 97134 (Paper, $2.00, Bulletin No. 342)
JOURNAL CIT Curriculum Bulletin; v32 n342 Nov 1978

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS *Curriculum Planning; *Death; Elementary Secondary Education; *Learning Activities
IDENTIFIERS *Death Education

ABSTRACT

This curriculum bulletin provides a rationale for including death education in the school and suggests activities designed to help students expand their understanding of the social and personal dimensions of death and dying. Guidelines for helping the child who mourns are provided. (RH)

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Curriculum Bulletin

Teaching About Death: A Discipline: The Ultimate Curriculum

Leon Hymovitz, Principal
Avery D. Harrington School
Philadelphia, Pennsylvania

No. 342
Vol. XXXII
November, 1978
Price $2.00

PS 010420

Published by:

American Education Foundation
Division of the
American Nepal Education Foundation
Oceanside, OR 97134

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Teaching About Death — A Discipline: The Ultimate Curriculum

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A Child Dies

Death is the peak of a life-wave and so is birth. Death and birth are one.—Abba Hillel Silver

Death is not extinguishing the light; it is putting out the lamp because the dawn has come.—Sir Rabindranath Tagore

One fall, four years ago at the end of a school day, an eight-year-old child was on his way home, accompanied by his ten-year-old sister. Following his parents' stern admonition, he held his sister's hand. One block from home, for reasons we cannot fully divine, he broke from her grasp, left the pavement, darted between two parked cars, and tumbled beneath the wheels of an onrushing car that passed over him. For several days he languished between life and death. I visited him daily in the hospital with letters from the children which he never saw or read; he remained unconscious in an oxygen tent. Though the doctors labored valiantly to save him, Earle Anthony Skinner succumbed to his injuries.

I attended the funeral services in the neighborhood church unaware that I was to speak from the pulpit. Following my place on the printed program, I ascended the few steps to the podium, painfully self-conscious and insecure.

I felt as immobilized as I did that day I received word years earlier that my father was dying of lymphatic cancer.

I felt as useless as I did that day one year later walking through ice-covered streets at 3 a.m. on a frozen January morning to tell my mother that her 39-year-old son, my brother, had died of a sudden heart attack.

I felt as helpless as I did the day my eleven-year-old MRE student, Sammy, ever cheerful, sensitive and outgoing, quietly sobbed into my ear, "My daddy died on Saturday. Where is he? I want him to come home. Help me!"

I felt as angry as when a dear friend, numb with fear, left his hospital bed on three separate occasions rather than submit to the anxieties of open-heart surgery.

In the hushed spacious chapel, a congregation waited. Before me in the casket lay little Earle dressed in a white suit, incredibly still and waxen. Immediately beyond him in the first pew sat his parents, brothers, and sisters—grief stricken, weeping silently. What words I spoke to the family and to the bereaved about the boy, I cannot recall; my remarks arose from my own personal creed and remorse, and a remembrance of things past, concerning the child at school. The unexpected task aside, I felt that my message—my entire demeanor, in fact—had been inadequate to the occasion and realized that back at school, the children who knew, learned, ate, and played with Earle were entitled—had a right—to an explanation more sensible, purposeful, and meaningful. After all, wasn't school an enclave where we learn to deal with the realities of this world? In an era enamored of the "basics," death and dying are the most fundamental truths we can impart. What could be more basic than the "facts of death"?

I thought about the subterfuge we engage in to deny the subject in school and in the home, not only with children but with adults as well. We rationalize our own fears by declaring the topic too delicate, if not morbid and macabre, and invent a tissue of thinly veiled half-truths and fairy tales to circumvent the matter altogether. "There will be plenty of time later for the children to know about this distasteful event." In our floundering, we confuse the children, and worse, we ill-prepare them for the greater shocks they themselves will confront in similar crises.

Earle's friends and classmates posed the perennial questions we do when life ends. The concerns in the scenario argue for an open and honest examination of the meaning of the end. Our responses constitute instructions or a perspective dealing with an eternal truth.

"Where did Earle go? Does he see TV there? Is he happy now? He never did a sin—was he being punished? Will he come back to us? Doesn't he like us? Was God angry? Who is to blame? Whose fault is it? Can we see him? Will he be with his mommy again? Who has his toys? Did he write to anybody? Can we call him on the phone? Can we send him an Easter card? Who is his teacher now?"

Demystifying Death: Confronting the Inevitable

No man knows whether death may not even turn out to be the greatest of blessings for a human being: and yet people fear it as if they knew for certain that it is the greatest of evils.—Socrates

As death is an integral part of growing up, home and school must formulate a philosophy, guidelines for implementation, and strategies that prepare the learner from infancy to childhood and from maturity to old age for the role and function of the inevitable as a stage in human development. Studies disclose that between ages five and nine, children acknowledge the reality of death, but not in its personal or universal implications. Just as we have managed to bungle the explanation of birth to them, we have succeeded, all too often, in concealing from them and depriving them of the mystery of death as well.

Birth offers an excellent time to explain death. When the infant lives in the mother's womb, his universe is pleasant, comfortable, and satisfying. Change represents a kind of loss and, in a way, a kind of death, when the baby leaves his mother's world to move into another. Similarly, the new experience into which he is born is warm, accepting, and loving. Death may be viewed in the same context—we go from one room, house, stage, plateau, or dimension into the next. In this logic, death then is not a separation but a preparation for union with those whom we love in a different setting—those who have shed life's cocoon for the butterfly stage and beyond.

The inevitability of death as a natural phenomenon suggests that schools have a moral responsibility to be prepared to deal with changing concerns, behaviors, and attitudes. Schools must help children accept the fact of life's end and to acquire a more intense appreciation of the value and wonder of being alive.

Central to our ability to facilitate the school's objective is an understanding of the behavior of the terminally ill. When we are sensitive to this, we are better able to deal with him as well as with members of the family who go through stages or patterns of behavior. According to Dr. Kubler-Ross in *Of Death and Dying** and other observers, the reactions of the dying to their predicament, may be described in five phases:

Denial—"No, not me!"

Anger—"Why me?"

Bargaining—"If I'm very good, it won't happen."

A deep sense of grief and loss

Acceptance—A quiet readiness to let go.

Children's and their families' reactions constitute a typical spectrum of emotional responses. Thus, tension exists between the ideal and the need for realistic acceptance and preparation for the end.

"No, not him!" "Why him?"

"If he only does as the doctor tells him, perhaps . . . "

"How can we do without him?"

"I suppose it had to be."

How the patient, the family, or the children accept death, according to Dr. Kubler-Ross depends not on what they believe but on how truly each believes it. Acting out of a critical evaluation of these patterns of behavior, schools can help to aid a grieving child through a difficult period of adjustment.

Schools have a clear charge to be aware and to be responsive to the need to develop competencies in "humanizing" death. Consistent with the age, maturity, readiness, receptivity of the learners and consonant with the preparation and willingness of the parents and staff, goals underlying this assumption include:

To teach that death and dying are part of life and living.

To help students to manage realistically the idea of their own death and the deaths of significant others.

To help implement necessary institutional and attitudinal changes through death education.

To appreciate the impact of death upon the human creative impulses in music, art, religion, literature, and philosophy.

No thought exists in me which death has not carved with his chisel.—Michelangelo

Without death there would scarcely have been poets on earth.—Thomas Mann

To broaden the conceptualization and interpretation of the meaning of life's end in order to hallow life and to live more fully in the time given to us.

To understand our common destiny as part of the effort to cherish, to dignify, and to respect, individually and collectively, our precious and unique cultural, religious, historical, and artistic contributions.

At the core of the current inquiry is no longer the question as to whether death education will be included in the student's course of study, but rather how best and when to present the material and resources, and by whom they should be presented.

Death Education: Irony In a Paradox

Our hope of immortality does not come from any religion but nearly all religions come from that hope.—Ralph G. Ingersoll

Teaching about death and dying in the classroom is a practice more honored in the breach than in the observance. As a subject, death is rejected by our youth-adulating, progress-future oriented society. Our concepts of death are culturally defined as are our role expectations and behaviors. We are the legatees of a Puritan ethic that in the past used death as a technique to frighten children into conformity and into behavior consistent with the norms of compliance.

Death and dying courses are gaining wider acceptance in the colleges and universities; we are seeing more films, televised case histories and clinical studies; attending more lectures, seminars, and workshops; and reading more highly-publicized controversial cases and articles involving euthanasia and the right to life. The number of popular books

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* Bibliographic data for all references will be found at the end of the bulletin.

about death on the Best Seller's lists and in professional journals has increased. The pioneer work of Dr. Elisabeth Kubler-Ross, psychiatrist, author, and lecturer, broke new ground and has heightened social consciousness as well as our collective and individual responsibility to prepare for the inevitable with equanimity and compassion—to lessen the trauma through warm and positive support for the dying. Dr. Ross's practice lately has been largely with dying children. To aid in this work, many volunteer groups have begun to assist in the care of the dying, providing counseling to the patient and to members of the family. Yet many elementary and secondary teachers, following the conventional wisdom, are unwilling or unable to address the issue in a candid and forthright fashion, relying on the feeble ploys and tired strategems of the frightened and unenlightened. Through the use of myth, folklore, superstition, fantasy, misinformation, and euphemism, we are less than fair in treating the one experience that makes no discrimination regarding class, caste, status, I.Q., creed, race, or achievement. An unresponsive curriculum is like a senile dinosaur—kick it in the tail and the message will reach the brain 50 years later. Since each of us owes life a death, no one will get out of this world alive. In short, the Great Leveler, making all the unevenness even, claims all: only the time, place, and manner will vary. Human mortality cannot be disputed.

But hospitals, cemeteries, homes for the aged, churches, synagogues and convalescent centers don't help the situation. Signs and schedules discourage children from visiting, as if sickness and dying were something to conceal in order to protect the young and tender. Children see 18,000 deaths on TV by the age of 14, but they are not allowed to see or visit a terminally ill patient. When this absurdity is corrected, death education will comfort the afflicted and afflict the comfortable so that home and school are consistent in their effort to reduce guilt, lessen tension, anxiety and grief. Gross blunders are perpetrated in the name of sparing children from the "unspeakably brutal" prospect of observing a human in stages of physical disability or deterioration. Shielding the child serves only to feed greater rage, resentment, and hostility. What a highly impressionable imagination conjures up is far more horrendous than the reality. We unwittingly terrorize children, breeding the psychopathology of death by prolonging the nightmare of bitterness, alienation, and the devastation of feeling abandoned by a loved one. Adults project their own fears and needs onto children who remind them, too, of their very real vulnerability.

Teaching About Death and Dying

Death cannot be and is not the end of life. Man transcends death in many and altogether naturalistic fashions. He may be immortal biologically through his children, in thought through the survival of his memory, in influence, by virtue of the continuance of his personality as a force among those who come after him, and ideally through his identification with the timeless things of the spirit.—Milton Steinberg

Rationale

Our rapidly changing world compels a reassessment of values and the process by which decisions and choices are made. Shifting priorities cause us to reinterpret our aims, goals, and lifestyles as well as the meaning of existence itself. Each of us is responsible and accountable for the quality of our life. The universality of the death motif offers a broad range of highly adaptable activities to examine various perspectives on a comprehensive continuum of life and death issues. The suggested activities that follow are designed to involve students in identifying and relating to real-life situations requiring creative choices about critical decisions.

Obviously, the age, grade, maturity and stability of the students must be evaluated. The competency and preparation of the staff, together with the willingness of parents and administration, must be taken into account. The school has a positive opportunity to invite community leaders and resource persons to participate. *Cautions:* The emotional readiness of the students to handle the content is critical. If various activities are not reaching the class or if the teacher senses a dwelling on the morbid, sensational or macabre elements for their own sake, add to, delete from, or drop the unit; look for other modifications or alternatives to incorporate the material into other units, programs, or strategies.

Because of the sensitive nature of the subject content, and to prevent problems that may arise later, discuss the objectives with the administration and staff. Meet with the Executive Board of the Home and School Association. Detail purposes and ask for support and cooperation. Write a letter to parents explaining the purpose of the curriculum; hold a class meeting with interested parents who have questions, suggestions or who wish to take a

role in the development of the course.

These preparatory steps insure that everyone in the school will be attuned to the principal objective of this effort. Children and young adults must deal with the reality-connected hard questions of death and dying, a subject that has come of age in our education.

Your Death: A Personal Inventory

1. Are you afraid to die?
2. Have you thought about the end of your life?
3. Would your lifestyle change dramatically if you had a limited time to live?
4. Are there five critical undone things to complete?
5. Do you know why you are fearful of death?
6. Would you have an action plan on how to spend your remaining days?
7. Have you discussed your death with friends, family and relatives?
8. Are there immediate legal matters that require settlement?
9. Are there persons with whom you wish to make peace before you leave?
10. Did you achieve the big goals in your life?
11. Are there people to whom you wish to express gratitude, admiration, praise, thanks or love?
12. Are there spiritual as well as temporal affairs that require attention?

Net Point: Death and dying therapists exhort us to do that which would make our lives more personally meaningful. We can bet our lives that we will die and may not have the time, health, or energy to accomplish our ends when the final call arrives.

Possible Action Projects

1. Visit a cemetery. Find the average age of death for men and women. Identify and note unusual inscriptions and headstone designs. Note and identify, if you can, trees and leaves. Make gravestone rubbings. What can you discover about the lifespan of men and women in the 1800's as compared with the 1900's?
2. In the "economics of dying" we spend more money on funerals than we spend on primary or secondary education for our children. It is more expensive to die than it is to be born. Some critics have termed the "American Way of Death" the final rip-off. Visit a funeral establishment. Interview a representative. Note the costs and services. How can we establish a common sense attitude or treatment of the pageantry of death and of the high cost of dying? Do other ways, plans, or alternatives occur to you? What are the customs in other countries?
3. Select pictures of you in various poses and places for a scrapbook to be kept as memorial after your death.
4. Find an appropriate quotation for your tombstone. Let the words reflect your thinking, ambitions, and desires in this life.
5. Put 15 items in a time capsule that will tell all about you when it is opened in the year 2000.
6. You know when you are going to die and wish to take pictures of people, places, and scenes with you. You have a camera. Describe the photographs you will take. Explain your choices.
7. Volunteer your time and effort in a Home for the Incurable, in a Children's Heart Hospital, or in a Home for the Aged.
8. Dr. Milton Heifetz in the "Right to Die" suggests that we draw up a will with instructions to the physician that he refrain and cease from medical or surgical treatment if we detail certain conditions or qualifications. Included are explicit directions to the next of kin should the patient's desires not be followed. What provisions would you include in such a document? What actions should be taken and in what manner if your requests are not honored?
9. Is suicide an act of cowardice or courage?
10. Were God to compose a suicide note to mankind, what would He say in it?
11. What would Karen Ann Quinlan write or say to those who refused to "pull the plug" on her? What did her parents wish? What was the court ruling and the doctors' reaction to the decision?
12. Visit a Home for the Aged. Describe the "tenant's" room. What recreational areas did you observe? Identify members of the staff. How would you explain the atmosphere in the building? Is there adequate medical attention?

What activities are planned for the day? Are the tenants outdoors often? Is there a feeling of community and family there? Do the senior citizens appear to have a reason to live?

13. Listen to Mozart's "Requiem Mass in D." What do you think, feel, or recall? Listen to "Death and Transfiguration" by Richard Strauss. What image or insight did the composers wish to convey?

14. Many famous paintings and sculptures depict death scenes. Describe five such works. Visit an art museum, or study these in art books.

15. Often we do not die in our homes or in our places of employment. We may spend our remaining hours in medical centers, sometimes isolated, alienated in the antiseptic, stagnating regimen of hospital life. Dying in a hospital can be depersonalizing. With the use of modern drugs, pain management can be controlled at home. Tape an interview with a doctor, nurse, patient, a clergyman to elicit their responses:

    Should loved ones surround the patient in the hospital, giving comfort and courage? Should the children be allowed to visit the terminally ill? Should patients be permitted to go home to die in the midst of loved ones? How can we humanize hospitals? How can we change the beliefs of children who think that hospitals are where the ill and aged go to die? Should family members join medical teams to provide care for dying relatives? Should visiting hours be unlimited? Should patients' children and even pets be free to visit during unlimited visiting hours?

16. Attend a court trial involving a fatality or a murder case. Describe what you see. Observe the judge, spectators, attorneys. Record critical dialogue as the proceedings disclose central facts in the litigation.

17. Interview a newspaper or television reporter concerning a killing, an accident or a death.

18. Get permission to observe the waiting room of a busy accident ward in a hospital. Make a journal of what you see and hear and smell.

19. Make an appointment with an insurance agent. What is life insurance? How does one benefit from protection? What are actuarial figures? What is double indemnity? How does age bear on the rate of payment?

20. Visit the city morgue. Which bodies are sent here? Why? Where are the bodies kept? What is a Potter's Field?

21. Publish a magazine or newspaper dealing with the various topics on death and dying. Explain the genesis of the project and the purpose. Include interviews, letters, field trips, poems, essays, simulations, gaming and aphorisms. Indicate resources and books available. Circulate the publication among the students, parents, staff and in the community. Design an open-ended questionnaire or checklist inviting feedback.

22. Many people throughout the world dispose of their dead by cremation. What are the pros and cons for this method? What other methods are there, besides burial? Pros and cons of these?

23. The Appendix contains a vocabulary about death. Mature students may learn the meanings of these words, and discuss the implications of the more significant ones. Some have controversial implications; some students may wish to clarify the various positions on these and state their own positions.

Selected Social Issues

Dr. Kubler-Ross and other specialists are calling for closer family involvement in the preparation of the dead for burial. Consider these activities and review the problems in your unwillingness or inability to participate:

1. Your child has died.

    Pick a grave site, one the deceased would have liked. Carry the child from home, into the car, and drive to the funeral parlor. Clean the body, wash and comb the hair, dress the body. Rock the child in your arms, have a private ritual to say goodbye. Place the body in the casket. Allow other children to place a valuable personal treasure in the coffin.

    The motivation for this methodology is to enable a couple and family to "let go" of a child who has died suddenly.

2. Were you to be involved in an unwanted pregnancy, would you destroy the fetus? What is your view of abortion and the right to life?

3. A child is terminally ill. During the time he is ambulatory and at home, would you require him to carry out household chores and duties?

4. In August 1977, a Swedish public health phy-

sician wanted to open a suicide clinic for the 2,000 Swedes who kill themselves each year—not to treat them but to help them do it.

Dr. Ragnar Toss cited three categories of people who should be eligible for help in killing themselves: old people who believe they have lived long enough; the seriously ill who are in agony because of their sickness; those who for other reasons such as personal tragedy do not wish to live. Should the government grant permission? What dangers are inherent in this program? Do you find merit in it? Would you recommend that friends or relatives use the clinic? Can we reconcile the work of the clinic with theological tenets?

Would you ever comply with a person's request if he implored you to kill him? Describe the circumstances under which you might consider complying.

5. There are active and passive expressions of euthanasia. When extraordinary measures to support physical life systems are used to fend off death but prolong agony, should the American Medical Association and the American Bar Association work for measures to end life gracefully, painlessly? Would this action be in conflict with the Hippocratic Oath?

6. A beloved pet has an incurable disease and is suffering. What should be done if the veterinarian cannot relieve the pain?

7. It has been said that the ancient Egyptians had a skeleton at their banquet tables to signify our common end. Other ancients slept in bedrooms which also contained the occupant's coffin. What signs do we have in our culture to remind us, sensitize us as to life's end? Should we need reminders?

8. Science and technology often appear to be value-free and heighten the complexities of choice and decision-making underlying many contemporary moral dilemmas. Discuss the following:

   Fallout from a Chinese nuclear test caused the deaths of up to 300 American babies during the first three months of 1977, a University of Pittsburgh researcher reported. . .

   We live in an increasingly carcinogenic society in which tainted air, food additives, drugs, working conditions hasten the day of our death. . .

   In our shrinking world, doomsday weapons are increasing at an alarming rate. The globe is an armed camp which promises "clean death" through an arsenal of weaponry that boasts neutron and combustion bombs. Buildings and property will remain intact—only human lives will be claimed. . .

   Our existential plight is exacerbated by the "population bomb." We are increasing in numbers exponentially and there is grave doubt as to whether spaceship earth will be able to provide food, air, water, energy for all. Erlich advances a potent argument when he hypothesizes that in several hundred more years, each person will live in a 2x4 space. In the next 35 years most newborn babies will have a life expectancy of over 125 years according to some futurists. They speculate further that by the year 2100, babies will have a life expectancy of 600 to 1,000 years. . .

   Would you agree to being frozen for a long period until a cure were found for your incurable illness? . . .

   Cloning is the practice of xeroxing copies of human beings, duplicating them from a single cell. . .

   The discovery of DNA now permits scientists to recombine the basic stuff of life to form new bodies in genetically engineering other forms. . .

   Complete the scenarios of any of the above future and culture shock situations. Does the turmoil of our elusive Camelot affect your concepts of mortality and immortality? Will earth be able to save itself? With the population problem, where will we bury bodies as land space becomes more limited?

9. You are the parent of a deformed mongoloid baby who requires cardiac surgery to survive. What is your decision and what factors did you consider to reach your conclusion? With whom did you consult to help arrive at your choice?

Language Arts Options

1. Write your own death certificate. Indicate the cause of death. Examine a real certificate. Where would you get one? Who issues the document and where is it registered?

2. How do you wish to live and be treated when and should you reach old age? Where will you live? What will you do?

3. After your death, a picture or television program is being developed to feature your life story. Whom would you select to play your role? Why? What qualities would the actor need to convey the "real" you?

4. You believe in reincarnation. In what state, form, or body will you return to this or another planet or world?

5. You are a "death counselor." People of all ages come to you to help them through to the end. Describe your rule and approach to therapy. Whom would you include in your team approach? What techniques and activities would you implement?

6. Compose an essay, poem, short story, or skit entitled "Elegy on a Public School Play Yard." Read Gray's poem.

7. A child in your school is terminally ill and hospitalized. Compose a prayer, "Thought or Message for Hope" to recite at assembly or to read on the school's public address system. What other projects might the school undertake in the name of the child?

8. Identify a contemporary pop ballad that reflects your philosophy of death and that contains lyrics and imagery to reinforce your notion of life's end.

9. Describe a serious operation you, a friend, or a relative has had recently. What concerns might pass through the patient's mind? What questions might the patient ask the doctor?

10. Were you to die now, describe those qualities for which you would be best remembered.

11. Have you ever come close to losing your life? Describe the circumstances.

12. Compose your own epitaph or eulogy. Write an obituary that will earn a place on the front page of your daily newspaper.

13. Describe causes or sacrifices for which you would give your life.

14. If you have attended a funeral, recall the events, people, atmosphere and the ritual associated with the occasion. Describe the feelings and behavior.

15. Define the legal, moral-spiritual, and medical definitions of death. Consult a lawyer, a clergyman, and a doctor. What do you think?

16. In your imagination, what does death look like? Draw a picture or compose a paragraph describing the personification.

17. Draw up a list of questions to ask older friends, relatives or teachers. List your life-death concerns in descending order or priority.

18. Should a person with an incurable disease be allowed to die if he or she or the parents request death?

19. Compose your own "living" will. How would you dispose of your possessions? Where and how would you be buried? Would you leave your belongings to people in your family and in your classroom?

20. Were you to die and return to life to see yourself during one day in your life, indicate where, when, and with whom you would relive this one occasion. (See Thorton Wilder's "Our Town.")

21. Write your own "death letter" to one who is very far away. What you wish to share cannot be said comfortably on the phone.

22. Think about someone very close to you who has died. Tell about the qualities, events, and activities you remember.

23. How are you trying to live a long, healthy, happy and productive life?

24. If you had one year to live, what would you want to accomplish? How would you spend the time? Describe your activities and pursuits. What would be your objectives?

25. Where do we go after death? Describe the place, condition, or situation. Does this belief affect your behavior, lifestyle, aims or relationships?

26. Would you approve of televised executions of convicted killers like Gary Gilmore?

27. Were it possible, what questions would you ask a deceased friend or relative who had returned for a visit?

28. Should doctors keep secrets or medical records from patients or members of the family if the data reveal terminal illness? Should the burden of information and involvement be shared with anyone?

29. Would you be willing to donate your eyes, kidney or heart to save a life? Would you be willing to give your body to science for medical research following your death? (Inquire of a mortician or doctor the implications of this.)

30. Compose a eulogy about a pet or a close friend or relative.

31. Write the final entry in your diary or journal. Indicate the persons who will read your last living thoughts.

32. Make up final deathbed statements by your favorite singing, television, or movie star.

33. What might your closest friend say on his or her deathbed?

34. Compose your own deathbed speech or "immortal lines" to your loved ones and friends who are at your side during your final moments.

35. For whatever the reasons, have you ever wished yourself or someone else dead? How did you feel later?

36. Find parables, stories, proverbs, Biblical passages that deal with death and dying and immortality.

37. Read newspaper ads from funeral establishments. Check the copy for possible deception, misleading, or fraudulent activities and services.

38. Create a role play and appropriate dialogue for persons involved in the following predicaments. Make explicit their point of view:

    An incapacitated patient who cannot speak and who has lost control of his body functions. . .

    A doctor who is professionally opposed to the continued use of a respirator for a patient who is now a "vegetable" . . .

    A stroke victim approaching death whose relatives have decided to donate one of his organs for transplant. . .

Explaining and Interpreting the Faces of Death

Proverbs; Quotations. Students select a 3x5 card bearing a quotation, proverb, maxim, or aphorism. The students may divide into smaller groups to discuss the cards and their meanings. Particularly poignant or meaningful cards may be brought to the attention of the entire class. Students may write or locate their own statements to bring to class. Suggested lines follow:

Neither the sun nor death can be looked at steadily.—La Rochefoucauld

Death's but a path that must be trod if man would ever pass to God.—Parnell

Thou know'st 'tis common: all that live must die, passing through nature to eternity.—Shakespeare

Why fear death? It is the most beautiful adventure in life.—Charles Frohman

A punishment to some, to some a gift, and to many a favor.—Seneca

Refrain thy voice from weeping and thine eyes from tears. . . for there is hope for thy future. —Jeremiah

To fear love is to fear life and those who fear life are already three parts dead.—Bertrand Russell

The righteous are called alive in death. The wicked are called dead even when alive.—The Talmud

Life is a voyage that is homeward bound.—Herman Melville

There is no such thing as death,
In nature nothing dies.
From each sad remnant of decay
Some forms of life arise.—Charles Mackay

You cannot prevent the birds of sorrow from flying over your head, but you can prevent them from building nests in your hair.—Chinese Proverb

Fool! All that is, at all
Lasts ever, past recall,
Earth changes, but thy soul and God stand sure
What entered into thee
That was, is, and shall be:
  Time's wheel runs back or stops;
    Potter and clay endure.—Robert Browning

Patience and fortitude conquer all things.—Ralph Waldo Emerson

Three years she grew in sun and shower,
Then nature said: A lovelier flower
On earth was never sown:
This child I to myself will make
A lady of my own.—William Wordsworth

To live in hearts we leave behind is not to die.—Thomas Campbell

All worldly pursuits end in sorrow,
Acquisition in dispersion,
Buildings in destruction,
Meetings in separation,
Birth in death.—Tibetan Poet Milarepa

Behold and see as you pass by
As you are now so once was I
As I am now so you must be
Prepare for death and follow me.—Isaac Brown, Rye, N.Y. (Died 1800—Tombstone Message)

Any artist dies two deaths. Not only his own as a physical being but that of his creative powers. —Tennessee Williams

Face-off Colloquies. Death and dying concerns may be explored through a variety of techniques and class formats involving language arts. Teacher and students may choose an activity that lends itself to a particular issue: open forum, panel, debate, seminar, or symposium.

A "face-off conformation" may entail reading, research, gaming, simulations, interview, taping, role play, writing, photography, field trips, filming, publishing.

Suggested issues follow for individual, dyad, large or small group work. Other topics in this section may be developed and expanded along similar lines.

1. You have a choice as to the manner and style of your own death. Choose one and defend your preference. What are the advantages and disadvantages?

   a. A short but exciting life
   b. A long, exciting life with a painful death
   c. A long but dull life with a peaceful death

2. Write the dialogue, circumstances and scene that are your desires should you discover that a long and lingering illness will prolong your life and forestall death.

3. Should parents and children be advised that feelings of rage and fury may be correct and appropriate when a terminally ill child's behavior arouses anger? This question accounts for and bears on the weighty guilt many bereaved parents and remaining children report following the death of a child.

4. Until recent centuries, families handled their own dead. Today professionals have taken over and some people say that this fact makes death harder to accept. Should funeral practices be modified to involve the family more? In what area could this be done?

5. In a family which has experienced the loss of a child, consider the bereaved parent and remaining children:

   What are the responsibilities to the surviving siblings?

   Should the death of the child be discussed?

   If the parent is divorced or widowed, what should be the expectation of the new or potential partner regarding shared guilt or grieving?

   What are the variables that might contribute to marital, sexual or family dysfunction?

   How do the bereaved parents avoid overprotecting the older remaining children or overreacting when in hurt or in crisis?

6. Our society conditions us to believe that when we are "good" we receive rewards. When a child dies, parents and remaining children feel a sense of guilt for not being decent or "good." What can be done to spare the family this unfair and unjust penalty?

7. Dramatic advances in medical technology have raised excruciating questions. You are a judge who has been petitioned by a child's parents to decide whether a mechanical respirator sustaining life by extraordinary means should be turned off. At what point should medical technology be dispensed with in the case of a hopeless fight against death? The attorney for the State has declared that disconnecting the respirator would amount to negligent homicide. Doctors imply that no one has a right to end treatment.

   When does one stop using medical technology to forestall death? Can technology be misused?

   Do the doctors or the State have an absolute obligation to sustain even the faintest traces of life?

   Has medical science outpaced law's traditional emphasis on protecting life?

   Do we need a new definition of death to clarify when extraordinary life-prolonging techniques could be legally ended? How might we prevent abuse through legislation or through the courts? What kind of law or approval would be needed? How may we prevent the law from becoming a cruel or insensitive barrier against the natural process of death?

   How can we ease the apprehensions of doctors who fear the courtroom for making critical medical judgments?

   What is the legal, moral, or medical definition of death?

When the doctors conclude that a patient has no chance for recovery, should the patient continue to live in a halfway world?

If not, who should tilt the balance in favor of the patient's natural end of life?

Do patients have a right to die when death is inescapable?

Or does the State have an over-riding obligation to protect the "right to live" even when life is fleeting at best?

Reading About Death and Dying. There are many books and other writings about death.

1. Find 10 quotations, parables, or allusions to death, dying, immortality in the New and Old Testaments.
2. Locate and record famous deathbed quotations by heroes, writers, artists, and military leaders.
3. Some poets have described death as a natural end. Others write about it as a terrifying but necessary evil; some refuse to accept death. Select a poem that best reflects your own philosophy and thinking about the end of human existence.
4. In John Gunther's *Death Be Not Proud*, describe the main characters' outlook on death.
5. *The Occurrence at Owl Creek Bridge* focuses on the thoughts of Farquitar as he is about to die. Do these thoughts reveal any pattern? When do you believe he really dies?

Books About Death and Dying. Throughout the nineteenth century death was a strong theme in children's literature. In the early part of the twentieth century, the subject became too delicate and was regarded as taboo almost entirely in children's literature. During the last 10 years, death and dying as a subject has emerged again in literature for youth. Some books deal with this sensitive theme in a most sensible and moving fashion. With adaptation the titles listed are appropriate for elementary, middle and upper schools:

Cleaver, Vera and Bill. *Grover.* Lippincott, 1970. (The need to express mourning and to cope with tragedy)

Stolz, Mary. *By the Highway Home.* Harper-Row, 1971. (A son is killed in Vietnam)

Gunther, John. *Death Be Not Proud.* Harper-Row, 1949. (Torment of parents struggling with son's incurable illness)

Harnden, Ruth. *The High Pasture.* Houghton, 1964. (A boy's reactions to his mother's death)

Lee, Virginia. *The Magic Moth.* Seabury, 1972. (The need to discuss death in a warm and supportive setting)

Miles, Miska. *Annie and the Old One.* Little, Brown, 1971. (Passing nature of life and a sense of continuity)

Smith, Doris Buchanan. *A Taste of Blackberries.* Crowell, 1973. (Death of a close friend)

These books are useful at the secondary level:

Agee, James. *Death In the Family.*

Blinn. *Brian's Song.*

Bryant. *Thanatopsis.*

Goethe. *The Sufferings of Young Werther.*

Hammer. *The High Cost of Dying.*

Hershey. *Hiroshima.*

Mitford. *The American Way of Death.*

Mosel. *All the Way Home.*

Parkes. *The Bereavement: Studies in Grief in Adult Life.*

Segal. *Love Story.*

Shakespeare. *Romeo and Juliet.*

Steinbeck. *Of Mice and Men.*

Tolstoy. *The Death of Ivan Illych.*

Trumbo. *Johnny Got His Gun.*

Zindel. *The Pigman.*

Language Arts Options. The following suggestions are pertinent to the language arts:

1. How have other cultures, religions, and societies dealt with death and dying? With the aged? Consider Indians, Eskimos, Chinese, Egyptians, Samoans, Hinduism, Taoism, Confucianism.
2. Select epitaphs of Masters' "Spoon River Anthology" that remind you of people you know or have met.
3. In Ingmar Bergman's "The Seventh Seal," the knight attempts to outwit Death in a game of chess. Simulate a similar dialogue between you and Death. You try to outsmart or to persuade your adversary who has come to take

you.

4. Albert Camus depicts life as a pointless affair in "The Myth of Sisyphus." What gives definition and joy to your existence?

5. Many books have been written recently describing the feelings of patients who were declared clinically dead. Their description of the "strange" twilight period upon their return is strikingly similar. Report on five such accounts.

6. Read "Lady Lazarus" by Sylvia Plath. Who is the Biblical character alluded to in the title? How many times was suicide attempted? Why is Nazism referred to in the allusion to the author's suicide?

Helping the Child Who Mourns

The life of the dead is placed in the memory of the living.—Cicero

The very young child is not fearful of death. The child feels that death is like sleep, not permanent, and that eventually the individual will awaken. Between the ages of five and nine, children understand what death is. All children are aware that death occurs inevitably to everyone, but they do not fully grasp its universal or personal implications. By age nine, however, the child is cognitively aware of his own eventual fate and that the end is indeed permanent, universal, and that all are included.

When children are bewildered and frightened about death, it is because they mirror the fears of adults about them who begin to sense unconsciously their own vulnerability and project their needs into the young. Children see us sending the body away while we grieve alone. Adults persuade themselves that death occurs to someone else and are invincible until the first signs of mortality begin to show. But the grief and mourning associated with death is part of the pain and growth of life.

John Bowlby of Tavistok Clinic, London, posits that every child passes through three stages in the natural grieving process. When the child cannot accept that the person is dead, he protests, and sometimes disorganization characterizes the youngster's acceptance that the loved one is truly deceased. Hope is evident when the child acknowledges reality and proceeds to put his life together in the absence of the departed.

Pain is hard to bear. . .
But with patience, day by day
Even this shall pass away.—Theodore Tilton

We must not deceive the children or delude ourselves. We don't want children who are functionally incompetent in dealing with the inevitable for themselves or for those about them. In the *Bereaved Parent*, Harriet Sarnoff Schiff avers that there is no euphemism to blunt pain. In response to a child's question about why her son Robbie had died, she replied, "He stopped breathing."

The compassionate teacher will avoid the "right answer" syndrome and accept a youngster's grief over the loss of a loved one. "Tears are the noble language of the eyes" and serve as a safety valve to vent loss as a natural emotion. Shock cannot be denied and to hold in legitimate sorrow is to escalate the potential for serious consequences. Nor should we repress or encourage mourning as spontaneous behavior. In his torment, a stunned child may cry aloud or behave noisily to release his mourning. We cannot expect a child to be coolly stoical, locking misfortune inside. Love, understanding, and sympathy for the child are effective antidotes at the time of sorrow if long-term emotional scars are to be minimized.

The humane teacher counsels with empathy and patience. Sigmund Freud's "Ties of Dissolution" require that in a warm and supportive dialogue, the child reviews memories of the deceased, both pleasant and unpleasant. Reviewing old experiences and feelings are an essential part of sorrow and a prelude to the acceptance of death as a reality. The child may have an urgent need to reveal feelings through disclosure, confession, catharsis, and release. The listener is non-judgmental and allows the youngster to unburden himself of positive as well as naggingly unwholesome feelings about the deceased.

The child should be encouraged to accept the reality of death through an approach that does not patronize nor shame. In a public school it is important that the professional steer clear of theology, dogma or personal belief or creed. The learner is approached gently, obliquely. How we deal with the pupil is determined by his age, maturity, sensitivity and emotional stability, generally. We need the prudence and wisdom to know we have done all we are qualified to do and to have the common sense to seek other counsel should the situation warrant.

With some children, preliminarily, it is useful to talk about other clues, signs and events as we observe the phenomenon of death in flowers, pets, toys, sunshine, smoke, and even insects. Children can relate to these experiences. They want to know where the sun or moon goes or the birds that fly. Why do seasons change? Where does the rain stay?

To the child given to "obsessional review" of the events of that date leading to death, the teacher must be calm, composed, and relaxed, building a rapport on trust and confidence. The professional does not over-react when the child looks for an opportunity to relieve himself of anxiety, guilt, and panic. Talk will resurrect pain but any alternative to one who wishes to communicate is a distressing burden. A child may rid himself of negative feelings through projective interpretations of pictures in a family album or through a favorite story, Biblical passage, poem or song. The aim is to focus on the living and on a celebration and reverence for life. For the mental health of the child, parents and teachers need to agree on acceptable ways to meet and deal with problems. Because we don't have all the answers, it is sound for children to join in the search for truth and knowledge.

When a death occurs in a child's or young adult's family or when a student dies, school personnel must be sharply aware of any significant change in student behavior. Sudden aberrations in attitude, play, or in work habits may take the form of anger, rage, abusive defiance, hostility, resentment, disrespect, bitterness or in indifference, apathy, withdrawal.

There must be opportunity and time to defuse anger, to lessen grief, release irrational anguish or to transfer anxieties if possible. These sessions must include provisions for a change to implement inner and outer renouncements of shock, fear, or rejection.

Adults must temper the temptation to tell more than we know. Not every problem is resolvable nor does every question have an answer. Although different people define death differently, faith and religious persuasion can help. In distinguishing scientific from the religious, we must not mix the physical, spiritual, religious, and the scientific. This admixture breeds confusion in the child and antagonism among parents. Sincerity will carry genuine conviction and will contribute to the child's inner resources.

Studies show the result of deep and long-lasting emotional stress when children don't find a satisfactory outlet for their loss. When the student is equipped with the emotional and intellectual structures to cope, he will find ways and activities to redirect grief, anger, shock or fear. It is a lonely journey to work one's way through a tangle of emotions in quiet and in sorrow.

The grace of "letting go" will enable the child to maintain healthy relations, foster new ones, and help to discover new meaning in the continuity of life.

The child who mourns needs options and activities to divert his attention from the stress of his loss. "Hands on" experiences and physical activities in and out of school may include clubs, sports, hobbies, movies, modeling clay, books, TV, jogging, finger painting, music, hiking, and writing.

To create an empathetic and comfortable climate in the classroom for those not touched by death, children must become sensitive, aware, and understanding, or the grieving child and the class will suffer tensions with little or no relief.

The stark truth of death necessitates that teachers distinguish between "grief" and "grief therapy." Grief, normal and healthy, describes the oppression of loss. "Grief work" connotes unfinished business, hurts that linger and haunt, remorse that never subsides, regrets unresolved, and love unrevealed.

Along with others, the teacher can help dispel from the child the feeling of sin tied to suffering and death with guilt and punishment. The child must be made to understand that he did not cause the loss, that he has worth and value, that he is esteemed, needed, and loved. Though the mourner may be surly, uncooperative, bitter and resentful, teacher maintains a voice control and facial expression that "supports" his faith in the ability of the student to overcome the loss and to use the energies needed to live.

Following a death, a child may express seemingly unrelated concerns. These questions convey a sense of the child's helplessness. It may be a harmful judgment to advise a child that a dead person is on a trip or merely asleep. The child will anticipate the person's return. Later the child may display intense resentment or abandonment and, in some cases, may dread going to sleep. Similarly, less than good may be achieved in counseling a child that the deceased has "gone away" or is "lost." Honest discussion and exchange that allow for a full consideration of the nature of grief will increase the child's cope-ability.

Facts, however, without narrative (and sanitized of feeling) are useless and dangerous. There are

none so blind as those who will not see that personalities in mourning can expand, develop, and mature in the presence of a sincere and sympathetic adult. Time will generate its own adjustments in restoring the class routine as well as pupil relationships to a pre-crisis climate.

Coda: Conducting the Final Opus

Death be not proud though some have called thee
Mighty and dreadful, for thou art not so;
For those whom thou think'st thou dost overthrow
Die not, poor death; nor yet canst thou kill me . . .
One short sleep past, we wake eternally
And death shall no more: death, thou shalt die!—John Donne

Although we celebrate birth, loathe and dread death, we can learn to live lives of meaning, fully appreciating our finiteness—gauging the limits of our time—to make it less hard for us to die and easier to live. Given our conditioning, however, and coupled with a natural reluctance to teach the "bizarre," death education in the schools is risky and difficult. To raise the issue of our responsibility to deal with the matter is to impugn one of the institutions' Articles of Faith to handle virtually all affairs affecting human conduct. Reading books, seeing movies, and attending lectures are not the entire solution.

For the sake of the children and for those to come, we must first probe deeply within our own recesses, to plumb our own depths and psyches, to comfort our private fears and to come to terms with our own views of mortality and immortality.

Zeno said, "We are souls carrying a corpse." Bluntly put, we all have a genetic predisposition to death, a biological imperative. Death deliberates—then liberates. Freud observed that the goal of life is death. We can delay, prolong, but we cannot escape the immutable, the inevitable. To the Great Egalitarian, we are all alike with no distinction as to race, age, creed, status. In our "manifest destiny," we need to share ourselves with each other.

Death education establishes a framework for our years, to give meaning, purpose, and direction to our growth, to discern shadow from substance. As we grow with experience this knowledge fortifies and reinforces us. We put off things to do, people to become. We live life to get ready for tomorrow or to memorialize yesterday. In the interim, action loses its name and time is violated. Only the examined life is worth living. Death makes us aware of priorities and values and helps us to focus on life's essentials. Death prompts us to live each day as if we had only one day left, to find a sense of peace, comfort, productivity and inner strength to negotiate life's disappointments and pain. Because the proper study of life is living, death urges us to find the behavior that makes joy more accessible and to sustain the delights and happiness of life.

The illusory urgencies of the constant present detract us from visions of greatness. Death teaches us to take each day to develop, to become aware of our own nobility and to extend the same privilege and challenge to others, for a life is a terrible commodity to waste.

Throughout the ages, death has inspired artistic imagination and thought in leaders, heroes, martyrs, saints, and rebels of science who have strongly shaped our attitudes, dreams, and behavior. Death need not be a calamity or a catastrophe. The final stage may be viewed as one of the most constructive, positive, and creative impulses of culture and life. As an ethical and moral imperative, we cannot fully appreciate life unless we know about death. When we are cognizant that death is the natural end of human existence, we abandon empty roles and expectations to dedicate each hour to grow and to live as fully as we can. Byron in "Camino Real," exhorts, "Make voyages, attempt them, there's nothing else."

Draconian regulations will not accomplish this end. We need outreach programs in staff development and training for all who work with youth to allay fears, grief, discomfort, and consternation. We need youth-parent-teacher counseling to examine assumptions and beliefs about death, to help children accept death's inevitability and to gain a richer, more intense appreciation of the value and wonder of being alive.

Avoiding the howling and hand-wringing, the message is to live in such a way that we speak the words and perform the deeds while we and significant others are still here. The dying teach us that life is as fragile as a dream, that we face death steadily, and that with high courage we can break with the medieval myopia that paralyzes our humanity and see the precious quality of life and living. Eulogies, obituaries, and epitaphs are poor substitutes for missed opportunities.

Perhaps Tennessee Williams winnowed out the final wisdom in our quest for compassion when he observed in *Orpheus Descending:* "Nobody really gets to know anybody. We are all confined to solitary confinement within ourselves."

Nevertheless, the living need the living, and along the way we can be kind and a comfort to each other.

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It is impossible that anything so natural, so necessary and so universal as death should ever have been designed by providence as an evil to mankind.—Swift

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An album of five cassettes by Elisabeth Kubler-Ross, reviewing and summarizing her experiences with the needs of terminally ill patients and their families is available from *Psychology Today* Library cassettes.

Five sound-color filmstrips exploring "Understanding Death" are available from Educational Perspectives Associates, Post Office Box 213, DeKalb, Illinois 60115. The subjects treated are Life-Death, Facts about Funerals, Exploring the Cemetery, Human Reactions and Emotions as They Affect Death in a Young Boy, Children and Death.

For activities and approaches on dealing with the subject of death, see: *Teacher Magazine.* October, 1972, p. 10; February, 1975, p. 57; April, 1975, p. 53.

Appendix

Death's Terms: Learner's Lexicon

We begin to die as soon as we are born and the end is linked to the beginning.—Manilius

The Technology of Death

Euthanasia
Mortician
Dirge
Cremation
Urn
Cortege
Cemetery
Will
Home for the Aged
Home for Incurables
Obituary
Epitaph
Eulogy
Hereafter
Hearse
Grave
Wake
Viewing
Catacombs
Sarcophagus
Capital Punishment
Tomb
Grave Digger
Perpetual Care
Coffin
Casket
Pall Bearers
Potter's Field
Last Rites
Requiem
Suicide
Abortion
Crypt
Mausoleum
Rigor Mortis
Embalm
Shroud
Crepe
Wreath
Prayers
Family Plot
Memorial
Mourners
Executor
Anabiosis
Cryogenics
Autopsy
Post Mortem
Undertaker
Headstone
Funeral
Elegy

The few little years we spend on earth are only the first scene in a divine drama that extends on into eternity.—Edwin Markham

The Emotional Language of Death

Anxiety
Anger
Ambivalence
Empathy
Guilt
Resentment
Bitterness
Hostility
Deception
Loss
Shame
Loneliness
Self-pity
Purposeless
Unjust
Replacement
Revenge
Resigned
Unfair
Compassion
Despondent
Despair
Hate
Terminal Illness
Courage
Envy
Acceptance
Love
Rage
Regret
Defiance
Surly
Senility
Trauma
Bereaved
Grief
Isolation
Helpless
Hopeless
Consolation
Solace
Depressed
Morbid
Sympathetic
Inoperable
Fatal
Anguish
Agony
Eternity
Punishment
Stoic

Is death the last sleep? No, it is the last final awakening.—Scott

Associated Terms

Comatose
Respirator
Intensive Care
Life-threatening
Amputation
Aphasia
Cancer
Chemotherapy
Coronary Care
Decathect-cathesis
Diagnosis
Dialysis
Dysphasia
Geriatric Unit
Stroke
Sudden Infant Death Syndrome
Hallucinations
Hemodialysis
Intravenous Feeding
Metastasis
Monitors
Multiple Sclerosis
Myocarditis
Paraplegic
Parkinson's Disease
Prognosis
Quadraplegic
Radiation
Regression
Remission
Resuscitation

REMINDERS

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Subscriptions for 1979 ***should be paid immediately*** if they have not already been paid on the invoices mailed on October 1. Address labels for the January bulletin are made up about December 1. (For a glimpse of what's in store for next year, see the 1979 schedule on the inside front cover.)

Change of Title and Address

The ***Curriculum Bulletin*** title was shortened, and the address was changed, on January 1, 1978. Some subscribers, mostly librarians, seemed to have missed this change and have written to complain that they have not received their 1978 issues. In each case, they had received their bulletins, but had not changed their records last January and thus had not properly credited the receipt of their bulletins. Did you overlook this change?

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_____	Nutrition/Learning package (Buls 338, 343)	@ $ 3.75	_____
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_____	All Bulletin mini-package (All "in-print," 310-337)	@ $15.00	_____
_____	All Bulletin 1978 package (All "in-print," 310-342)	@ $22.50	_____
_____	All-Bul/1979 Subscrip. package (Above plus 1979 subscription) . .	@ $30.00	_____
_____	Binder (will hold six bulletins)	@ $ 3.00	_____

Mail to: TOTAL . . . . . $ _____

Name _____

Address _____ Zip _____

PAYMENT MUST ACCOMPANY ORDER